County Seal	



MICHIGAN DEPARTMENT OF STATE OFFICE OF THE GREAT SEAL

Lansing, Michigan 48918-1750 Telephone: 517/373-2531

For County Use Only					
County Name					
Date of Oath and Bond					
Oath administered, and Bond filed with:	(Clerk Initials)				

APPLICATION FOR MICHIGAN NOTARY PUBLIC COMMISSION

	Driver License or Perso	nal Identific	ation Car	d Numbe	r:		Sta	ite:
2.	Full Name:							
		(F	irst)		(Middle)		(Last)	
3.	Commissioned Name:	(F	irst)		(Middle)		(Last)	
4.	Date of Birth:		/	Year			(233)	
5.	Residence Address:		Number &	Street		City	State	Zip
6.	E-mail Address: (Option	nal)						
7.	Business Address:	<u> </u>	Number &	Street		City	State	Zip
8.	County:			County of re	sidence.			
Ο.	County.			County of en	nployment (if you are	a non-Mi	chigan resident).	
9.	Telephone Numbers:	()	_		() -	
10	Please describe date ar	d circumet:	(Residen		r other conviction	n durin	(Business)	en vears
in 1	Please describe date ar this or any other state. A If you currently hold a r d the state that issued the	ttach additi	ance of an onal page	y felony o	ary. If none, ple	ease ind	g the previous t icate N/A (Not A	(Applicable
in 1	this or any other state. A If you currently hold a r d the state that issued the	ttach additi	ance of an onal page nission in on.	y felony of s if necess this or any	ary. If none, ple	ease ind	g the previous t icate N/A (Not A	(Applicable

I hereby certify that I am 18 years of age or older; a resident of Michigan or maintain a principal place of business in Michigan; a US citizen or possess proof of legal presence; able to read and write the English language; not currently incarcerated in a correctional facility or have served time during the immediate past ten years for a felony or misdemeanor offense in any state. I solemnly affirm, under the penalty of perjury, that the information provided in this application is true, complete and correct; that I have carefully read the notary laws of Michigan; and that, if appointed and commissioned as a notary public, I will perform faithfully, to the best of my ability, all notarial acts in accordance with the law.

X	
Please sign your name as it will appear on documents you notarize.	(Date)

By affixing my signature above, I understand that all information contained on this application form is subject to disclosure under the Freedom of Information Act, 1976PA442, MCL 15.231 et seq. I am enclosing a check or money order in the amount of \$10, payable to the State of Michigan, which I understand is a non-refundable processing fee.

COMMISSIONED NAME: Your commissioned name may differ from your full name. It should match the name you will use on notarized documents.

OATH AND BOND FILING REQUIREMENTS: Before sending the application to the Office of the Great Seal, you must swear a constitutional oath of office, file a \$10,000 surety bond and pay a \$10.00 filing fee with the county clerk. Information on where to obtain your surety bond and the cost is available from insurance agents and others that will solicit your business. *IMPORTANT:* You *MAY NOT* act as a notary public until the required oath, bond and fees are filed with the county clerk *AND* you have received your commission from the Office of the Great Seal.

SUBMITTING APPLICATION AND FEE: After swearing the oath and filing your bond with the county clerk, mail the completed application to:

Michigan Department of State, Office of the Great Seal, 7064 Crowner Blvd., Lansing, MI 48918-1750

A \$10.00 check or money order payable to the "State of Michigan" must accompany the application. <u>Do not send</u> cash.

RECEIVING YOUR COMMISSION: Your notary commission will be mailed to the address provided on your application.

TERM OF APPOINTMENT: Notary commissions expire six (6) years from your next birthday at time of commission issuance. Report any change of name or address to the Office of The Great Seal on the approved form.

Please direct any questions about your notary application to the Office of the Great Seal at 517/373-2531.

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